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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: CARRI	BEAN STYLE ALL TH			
	(Name of Limited	d Liability Comp	any)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filin	ıg.	
Please return all corresp	ondence concerning this matte	r to the following	g:	
KEITH D. H				
	(1	Name of Person)		
APEX ACC	OUNTING SOLUTION	ONS, INC.		
	(Firm/Company)		
PO BOX 1	1945			
		(Address)		
SAINT PE	TERSBURG, FL			
	(City)	State and Zip Cod	e)	
For further information	concerning this matter, please	call:		
ALTHEA BENJA	MIN	at (727	, 453-910	9 elephone Number)
(Name	of Person)	(Area Coo	de & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	Courier Addrestion Section of Corporatio Building ecutive Center see, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
CARRIBEAN STYLE ALL THE WHILE , LLC		
(Must end with the words "Limited Liability Company, "	Limited Company" or their abbreviation "LLC	;," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limited L	iability Company is
Principal Office Address:	Mailing Address:	
1239 4TH STREET SOUTH	641 18TH AVENUE SOUTH	
SAINT PETERSBURG, FL 33701	UNIT #2	
	SAINT PETERSBURG, FL 3370)5
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	TASE OF
KEITH D. HARRIS		
N	lame	EA IS
4056 13TH AVENUE S	SOUTH	SEE C
Florida stree	et address (P.O. Box NOT acceptable)	当当

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

SAINT PETERSBURG

(CONTINUED) Page 1 of 2

se attachment if necessary) V: Effective date, if other than the date of tive date is listed, the date must be specify after the date of filing.) COUIRED SIGNATURE:	HEA BENJAMIN 18TH AVENUE SOUTH 1T PETERSBURG, FL 33705 RYMORE PHILLIP 18TH AVENUE SOUTH 1T PETERSBURG, FL 33705	
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Uthoa Benja	ling: and cannot be more than five b	(OPTIONAL) usiness days prior
	thorized representative of a member.	O7 JUL SECRE
(In accordance with section 608		SSA G
ALTHEA BENJAMIN Typed or pr	firmation under the penalties of perjury	

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)